

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

**Request for Applications (RFA) No. SM 03-008
Part I – Programmatic Guidance**

**Cooperative Agreement for National Consumer and Consumer Supporter
Self-Help Technical Assistance Centers**

Short Title: Self-Help Technical Assistance Centers

Application Due Date: August 7, 2003

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[Note to Applicants: To prepare a complete application, “Part II – General Policies and Procedures Applicable to all SAMHSA Applications for Cooperative Agreements” must be used in conjunction with this document, “Part I - Programmatic Guidance.”]

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), The Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year (FY) 2003 cooperative agreements to support five National Consumer and Consumer Supporter Self-Help Technical Assistance (TA) Centers.

The purpose of these technical assistance centers is to assist with the improvement of State and local level mental health service systems by providing consumers, as well as supporters, service providers, and the general public, with necessary skills to foster self-help/self-management approaches.

There is \$1,865,000 available for five awards in FY 2003 for three national consumer self-help technical assistance centers and two national consumer-supporter self-help technical assistance centers. An additional \$122,000 will be competitively awarded to one of the three successful national consumer self-help technical assistance centers to facilitate the Alternatives Conference. (See section entitled Alternatives Conference). Awards may be requested for a period of 1 year. Each applicant may apply for up to \$373,000 for direct and indirect costs.

Applications with proposed budgets that exceed \$373,000 will be returned without review. Cost sharing is not required in this program.

Who Can Apply?

In accordance with Congressional authorization, applications may be submitted by public or private domestic, nonprofit entities, including faith-based organizations, which meet the criteria of consumer or consumer supporter organizations found in the Definitions Section. Applicant organizations must have been in operation for a minimum of one year, and key personnel supporting the grant must have been employed by the organization for at least one year.

An applicant must complete the Certification of Consumer or Consumer Supporter Organization Eligibility (See Appendix A of this document.), indicating that they meet all eligibility requirements. **If an application does not include the Certificate of Eligibility and required supporting documentation as part of Appendix 1 of the application, that application will be returned without review.**

Application Kit

SAMHSA application kits include the following:

1. PHS 5161-1- (revised July 2000) – Includes the face page, budget forms, assurances, certifications, and checklist.

2. PART I - of the Request for Applications (RFA) provides information specific to the cooperative agreement.

This document is Part I.

3. PART II - Has general policies and procedures that apply to most SAMHSA grants and cooperative agreements. The policies in Part II that apply to this program are listed in this document under “Special Considerations and Requirements.”

You must use all of the above documents to apply for this SAMHSA cooperative agreement.

How to Get an Application Kit

- Call the SAMHSA/CMHS National Mental Health Information Center at 800-789-2647; or
- Download **Part I, Part II, and the PHS 5161-1** of the application kit from the SAMHSA web site at www.samhsa.gov. Click on “Grant Opportunities” and then “Current Grant Funding Opportunities.”

Where to Send the Application

Send the original and two copies of your grant application to:

Ray Lucero
Extramural Activities, Policy & Review
SAMHSA
Room 17-89, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

All applications MUST be sent via a recognized commercial or governmental carrier. Hand carried applications will not be accepted. Faxed or e-mailed applications will not be accepted. You will be notified by letter that your application has been received.

If you require a phone number for delivery, you may use (301) 443-9917.

Application Due Date

Your application must be received by August 7, 2003.

Applications received after this date must have a proof-of-mailing date from the carrier before July 31, 2003.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Risa S. Fox, M.S.
Public Health Advisor
Center for Mental Health Services
SAMHSA
5600 Fishers Lane, Room 11C-22
Rockville, MD 20857
(301) 443-3653
E-mail: rfox@samhsa.gov

For questions on grants management issues, contact:

Stephan Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration/OPS
5600 Fishers Lane/Rockwall II, 6th floor
Rockville, MD 20857
(301) 443-9666
E-mail: shudak@samhsa.gov

Cooperative Agreement

This award is being made as a cooperative agreement, because it requires substantial Federal staff involvement.

The Awardee must:

- Comply with the terms of the agreement.
- Agree to collect and report to SAMHSA data required for the *Government Performance and Results Act*. (See “GPRA and Evaluation” section).
- Speak to the Government Project Officer (GPO) by telephone on a regular basis (e.g.,

monthly), in order to review progress and mutually determine day-to-day priorities for the TA Center activities.

- Devote at least one-fourth of the total budget (direct plus indirect costs) to consultation activities.
- Include the GPO in meetings of importance regarding the direction of the TA Center.
- Consult with the GPO, and obtain prior written approval from the GPO and Grants Management Officer (GMO) on significant modifications to the project plan.
- Respond to and incorporate the GPO's questions, comments, and suggestions regarding TA Center activities and products.
- Properly credit CMHS/SAMHSA/DHHS for support of the TA Center on papers, presentations, products, and web sites.
- Hire an independent evaluator to assess the self-help/self-managed care materials produced, the amount of technical assistance services, and level of customer satisfaction, and prepare a submission package regarding this evaluation for approval from the Federal Office of Management and Budget (OMB), in accordance with the Paperwork Reduction Act of 1995.
- Cooperate with the GPO in responding to requests for information and data relevant to the cooperative agreement, including the development of a project web site to which inquiries may be referred.

SAMHSA Staff will:

- Provide the Federal interpretation of the provisions of the Request for Applications (RFA).

- Speak with the Project Director by telephone on a regular basis (e.g., at a minimum, monthly), in order to review progress and mutually determine day-to-day priorities for technical assistance.
- Provide direction to and participate in decision-making regarding all aspects of the TA Center.
- Review and comment on drafts and final versions of technical assistance materials and publications developed by the TA Center. The GPO may co-author select manuscripts with TA Center staff.
- Assist in negotiations of consultation activities.
- Participate in and/or co-present with TA Center staff at meetings organized or attended by the TA Center.
- Disseminate information about the TA Center through presentations at conferences and meetings, written materials, referrals to the project web site, and communications with groups seeking technical assistance.

Funding Criteria

Decisions to fund a cooperative agreement are based on:

- The strengths and weaknesses of the application, as identified by the Peer Review Committee and approved by the CMHS National Advisory Council.
- Availability of funds.
- The quality of applications received.

Post-award Requirements

1. Comply with the Cooperative Agreement requirements and Terms and Conditions of Award.
2. Provide financial status reports, as required in the PHS Grants Policy Statement.
3. Provide detailed written information via e-mail or first class mail to the GPO on materials being proposed for development, and obtain prior written (e-mail or first class mail) approval from the GPO.
3. Provide a monthly progress report (format provided by GPO).
4. Submit a final report at the end of the project period (format provided by GPO) including results of the annual independent evaluation and copies of all products developed.
5. Collect and report data needed by SAMHSA to comply with the Government Performance and Results Act (GPRA) reporting requirements. (See “GPRA and Evaluation” section.)
6. Participate at specified meetings and conferences (a minimum of four a year) including the Alternatives Conference.

DEFINITIONS

Consumer - An individual, 18 years of age or older, with severe mental illness. CMHS recognizes that some consumers may choose to identify themselves with other terminology.

Consumer Supporter - An individual involved with the support of a consumer (age 18 or older), including parents, siblings, spouses and significant others, friends, co-workers, and neighbors, who provide support in a nonprofessional capacity.

Consumer Organization - An organization that is controlled and managed by consumers and

dedicated to the improvement of mental health services. It must have a board of directors comprised of more than 50 percent consumers.

Consumer Supporter Organization – An organization, including volunteer mental health organizations, which is controlled and managed by consumer supporters and dedicated to the improvement of mental health services. It must have a board of directors comprised of more than 50 percent consumer supporters.

Program Overview

Since its inception, SAMHSA's Center for Mental Health Services (CMHS) has fostered self-help approaches in the planning, delivery, and evaluation of mental health services. This support originated with the National Institute of Mental Health Community Support Program, as an integral part of a community support system needed for individuals with serious mental illnesses to live successfully in the community. Federal leadership and financial support, combined with the efforts of consumers, supportive family members, and dedicated State and local staff, prompted wide recognition of the role of self-help in the recovery of persons with a severe mental illness. In 1992, to further the development of self-help programs, Federal funding was used to finance the first national self-help technical assistance centers (TACs) directed by and for mental health consumers. Assistance to supporters of consumers was added to the program in 1998 in recognition of the important role that persons who support and care for consumers can play in achieving independence and recovery.

The TACs provide hands-on assistance and information to provide consumer self-help approaches, such as the establishment and operation of consumer-operated programs (self-help programs), recovery-oriented programs, planning assistance, organizational skills, and funding and information dissemination regarding

mental illness and related conditions (homelessness, co-occurring disorders), services, and practices. The TACs have been instrumental in articulating recovery principals; defining reasonable accommodations in the workplace; promoting self-help within managed care systems; attending to the needs of members of ethnic/minority populations; and clarifying the role of consumer practitioners. One of the important premises of the program is to promote the infrastructure development of self-help groups at the State and local levels.

The Consumer and Consumer Supporter Technical Assistance Centers build on the goals of the President's New Freedom Initiative by increasing the independence and community integration of people with psychiatric disabilities. This is accomplished by providing skill-based training to overcome barriers that restrict the ability of people with psychiatric disabilities to participate fully in their recovery. Furthermore, the concept of recovery and the return of people to full functioning is a SAMHSA Cross-Cutting Principle.

Program Expectations

Service Population

The primary focus for outreach by the national consumer and consumer supporter self-help TACs must be people with serious mental illnesses. As national TACs, services must be provided to the full range of consumers and must not be limited to specific subpopulations.

In addition, outreach and assistance must be available to a range of stakeholders, including State mental health systems serving adults, consumer supporters, service providers, and the general public.

The five TACs are expected to be leaders in the field regarding self-help/self-management approaches that increase the independence and

community integration of people with psychiatric disabilities.

Program Structure

The Consumer and Consumer Supporter TACs will engage in the program priorities activities identified under the section "Program Priorities:"

1. Provision of consultation and training services. Approximately one-third of the total project effort must be spent on the provision of consultation and training services to the target populations, via telephone, online, and on-site.
2. Development, production, dissemination, and repository of relevant materials. Development and production of materials should include in-depth summaries of materials, annotated bibliographies, analyses of policy reports, and how-to manuals on the content areas of concentration. Dissemination of materials and information must use methods that reach the largest number of stakeholders in accessible formats. Such formats may include newsletters and mailings, technical assistance center web sites, conference presentations and traveling exhibits, publications, mailings of product lists, and other means. The TACs must maintain a comprehensive repository of relevant material on content areas of concentration that will be analyzed, summarized, and updated, as appropriate, for dissemination.
3. Promotion of, participation in, and convener of discussions among stakeholders about topics of importance. In order to ensure the relevance of the Consumer and Consumer Supporter Technical Assistance Centers' activities and to promote the importance of consumer/peer-run programs that support and permit people with a serious mental

illness to live independently in the community, the TACs will be required to promote, participate in, and convene meetings of relevant stakeholders for the purpose of improving public mental health service systems.

Program Priorities

The following priority areas describe the program focus for all five TACs:

1. Self-care/Self-management - to improve research and information on best practices for self-help/self-management approaches for people with serious mental illnesses.

2. Employment - to improve consumer workforce development.

3. Program Management and Administration - to ensure success and growth by facilitating business and management training and other skill development efforts for consumer operated self-help programs.

4. Cultural Outreach and Self-Help Adaptation - to ensure that self-help/self-management approaches are available and accessible to various cultural groups (e.g. African Americans, Hispanics/Latinos, Asian & Pacific Islanders, American Indians, and Alaska Natives).

5. Recovery - to increase the knowledge on what facilitates or hinders recovery at the individual, as well as systems, level.

Specific Activities

The following are types or examples of program priorities. TACs should engage in one or more activities from each category.

1. Self-care/Self-management

- Collect, analyze, summarize, and produce materials on research and other relevant information on evidence-based/best practices for self-help/self-care.
- Convene researchers to identify issues of methodology, application, and barriers related to research on self-help/self-care.
- Convene policy makers, providers, and State- and community-level stakeholders to identify barriers to and solutions for the implementation of exemplary models of self-help/self management approaches for people with serious mental illness.
- Provide technical assistance to consumer researchers on applying for grants from other Federal agencies (e.g., NIMH and DOE/NIDRR), as well as private foundations (e.g., Robert Wood Johnson, PEW, RAND), to further research in this venue.

2. Employment

- Provide technical assistance to provider organizations and/or States and communities on recruiting, hiring, retaining, and training consumers in the mental health system to practice and implement self-help technologies.
- Provide technical assistance to consumers re-entering the job market.
- Develop manuals (tool kits) for consumer groups or organizations on employment procedures and activities.
- Work with professional guild associations to develop policies and procedures for encouraging employment of consumers.

- Organize and convene groups of employers and consumers to develop national certification guidelines for peer employees, including training requirements.
- Develop materials for consumers on how to request accommodations.
- Provide technical assistance on identifying financing mechanisms (e.g., Medicaid) to hire peer employees.

3. Program Management and Administration

- Provide technical assistance to consumer organizations on nonprofit management issues: developing and/or improving skills in leadership, supervision, financial management, board development and management, strategic planning, and fund-raising, as well as becoming incorporated and attaining non-profit status.
- Identify exemplary models (e.g., drop-in centers) for replication, compilation, analysis, manualization, and dissemination.
- Provide technical assistance to States and communities on how to implement self-help and self-management approaches.
- Develop and conduct Training of Trainers focused on skill development to promote self-help for consumers. Attention will focus on the development of content outlines, presentation skills, engagement of participants, and importance of integrity and fidelity to the models being used, with the understanding that the Trainers will, in turn, provide training to others.

- Develop manuals and conduct training in public speaking and interaction on boards and committees.
- Foster self-help by promoting management, leadership, and computer technology skills, and training on the availability of and access to local, State, and national resources.
- Foster mutual understanding and cooperation among stakeholders in the mental health system through the use of innovative approaches, i.e., dispute resolution, networking, and modern information processing technology, for the purpose of achieving their common goals.

4. Cultural Outreach

- Identify exemplary models for serving diverse cultural groups.
- Convene policy makers and consumer leaders to develop guidelines on how to serve ethnically diverse people regarding the practice of self-help/self-management approaches.
- Provide technical assistance to community groups (e.g., faith-based organizations) serving ethnically diverse populations on applicable self-help and culturally appropriate approaches.

Note: Cultural outreach must include diverse populations and must not be limited to individual specific cultural groups.

5. Recovery

- Serve as a repository for the collection, analysis, and development of materials about what facilitates or hinders recovery from a serious mental illness at the individual, as well as system, level.

- Convene a group of researchers, policy makers, and other experts to define what constitutes recovery for individuals, as well as what components in the system facilitate or hinder it.
- Convene policy makers and State and community leaders to develop a strategic plan for the implementation of recovery-based approaches.
- Provide training to regional academies, States, and communities on recovery-based approaches.
- Educate supporters on the role they can play in facilitating the recovery of consumers. Develop materials that increase knowledge about the phases of recovery and the problems and issues that impede recovery.
- Work collaboratively with other consumer and consumer supporter TACs for the purpose of sharing information, identifying common technical assistance needs, and developing training resources.

Specific activities required of all grantees include:

- Supporting the Alternatives Conference. One of the national consumer technical assistance centers will arrange and host the annual national conference entitled “Alternatives,” a meeting of consumers from across the Nation. This conference is intended to present a variety of viewpoints, exchange information and ideas, and provide and receive technical assistance on many topics. Guidelines for conducting this conference can be found in Appendix B. Representatives from the two national consumer supporter self-help technical assistance centers will serve on the Alternatives

Advisory Committees and attend the annual meeting.

- Developing and presenting two symposiums on program priority areas at the annual Alternatives Conference.
- Being responsive to SAMHSA Priorities: Programs & Principles Matrix. (See Appendix C.)
- Providing information to key constituent groups about their national technical assistance center, by developing a center brochure, press release, and other informational materials.

Alternatives Conference

Support for the Alternatives Conference – One of the three consumer self-help technical assistance centers will arrange for the 2004 annual national conference entitled “Alternatives,” a meeting of consumers from across the Nation. This conference is intended to present a variety of viewpoints, provide for the exchange of information and ideas, and provide and receive technical assistance on many topics. The selection will be determined by review criteria, and the grantee will be informed prior to the issuance of the Notice of Grant Award. At that time, the applicant will be asked to submit a budget for the Conference in the amount of \$125,000, and the core grant award will be augmented accordingly. The money is for support of the conference and does not include scholarship support. Guidelines for Conducting the Alternatives Conference are in Appendix B.

Applicants applying for funding for a national consumer self-help technical assistance center **also must** apply for facilitating the Alternatives Conference. Consumer organizations may not apply only for facilitating the Alternatives Conference.

GPRA and Evaluation Activities

The Government Performance and Results Act of 1993 (GPRA: Public Law-103-62) requires all Federal departments and agencies to develop strategic plans that specify what they will accomplish over a 3- to 5-year period; to annually set performance targets related to their strategic plan; and, to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to “explain” their successes and failures, based on the performance monitoring data.

GPRA holds SAMHSA accountable for demonstrating the effectiveness of all its programs through performance data. In order to support current and future funding, SAMHSA needs your full cooperation in collecting and reporting performance data. SAMHSA’s ability to support this award in future years depends on the data you provide. Provision of timely and complete GPRA data will carefully be considered in assessing awardees’ performance and may have implications for future awards.

CMHS will assess the performance of the Self-help Technical Assistance Centers on the basis of:

- The number, timeliness, and quality of self-help/self-managed care materials produced.
- The number of technical assistance services provided (e.g., number of consultations provided, products ordered, meetings convened, web site hits, etc.).
- Customer satisfaction.

The TACs must submit reports to the GPO on a monthly basis. These reports must include lists and brief descriptions of all products developed, technical assistance provided, meetings convened, and other activities conducted.

The GPO will judge the quality of the products developed on the basis of:

1. Clarity and understanding for the intended audience.
2. Incorporation of up-to-date information on the topic, including any relevant:
 - a. References from professional literature.
 - b. Information from unpublished studies.
 - c. Information from national and State meetings.
 - d. Policy information.
 - e. Consumer and family perspectives.
 - f. Perspectives from diverse cultural, racial, and ethnic groups.

The national consumer and consumer –supporter self-help technical assistance centers must hire an independent evaluator who will: 1) assess customer satisfaction of individuals directly receiving assistance, as well as stakeholders and other relevant organizations; and 2) submit a report outlining the methodology and results from the independent evaluation to the GPO prior to the end of the grant. Each TAC must set aside 5 percent of its total direct budget for evaluation efforts.

What to Include in Your Application

In order for your application to be complete, it must include the following in the order listed. Check off areas as you complete them for your application.

☐ 1. FACE PAGE

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

☐ **2. ABSTRACT**

For applicants applying for funding for a national consumer supporter self-help technical assistance center, your total abstract should not be longer than 35 lines. For applicants applying for funding for a National Consumer TAC, your total abstract should not be longer than 40 lines. For both National Consumer and Consumer Supporter TAC applicants, in the first five lines of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.

☐ **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

☐ **4. BUDGET FORM**

Standard Form (SF) 424A, which is part of the PHS 5161-1, is to be used for the budget. Fill out sections B, C, and E of the (SF) 424A. See Appendix B in Part II of the RFA for instructions.

For applicants applying for funding for a National Consumer TAC, do not include budget information for the Alternatives Conference. That information will be requested and submitted at a later date. (See section on Alternatives Conference.)

☐ **5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION**

The Project Narrative describes your project. It consists of Sections A through F. These sections may not be longer than 25 pages and apply to both consumer and consumer supporter applicants. **Section G is to be answered only by those applicants applying for funding for the national consumer self-help technical assistance centers.** Please limit your answer to Section G to an additional seven pages. More detailed information about Sections A through G follows #10 of this checklist.

- ☐ **Section A** – Expertise and Understanding of the Project
- ☐ **Section B** – Materials Development, Dissemination, and Repository Activities.
- ☐ **Section C** – Provision of Consultation and Training
- ☐ **Section D** – Stakeholder Engagement
- ☐ **Section E** – Organizational Capabilities and Project Management Plan
- ☐ **Section F** – Evaluation Plan
- ☐ **Section G** – Plan for Alternatives Conference

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This Supporting Documentation should be provided immediately following your Project Narrative in Sections H through J. There are no page limits for these sections, except for Section I, the Biographical Sketches/Job Descriptions.

- ☐ **Section H** - Literature Citations. This section must contain complete citations, including titles, dates, and all authors, for any literature you cite in your application.

☐ **Section I** - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

☐ **Section J**- Biographical Sketches and Job Descriptions:

- Include a biographical sketch for the Project Director and for other key positions. Each sketch should not be longer than **two pages**. If the person has not been hired, include a letter of commitment from the individual, with a current biographical sketch.

- Include job descriptions for key personnel. They should not be longer than **one page**.

- **Sample sketches and job descriptions are listed on page 22, Item 6, in the Program Narrative section of the PHS 5161-1.**

☐ **Section K** - SAMHSA's Participant Protection. The elements you need to address in this section are outlined after the Project Narrative description in this document.

☐ **6. APPENDICES 1 THROUGH 5**

- Use only the appendices listed below.

- **Do not** use appendices to extend or replace any of the sections of the Project Narrative, unless specifically required in this RFA. (Reviewers will not consider them if you do.)

- **Do not** use more than **30** pages for the appendices.

Appendix 1: Certification of Eligibility

Appendix 2: Letters of Commitment

Appendix 3: Copy of the letter from the United States Federal Government Internal Revenue Service (IRS) to your organization granting approval for exempt status, or other similar documentation from the IRS, dated prior to January 2003.

Appendix 4: Data Collection Instruments/Interview Protocols

Appendix 5: Sample Consent Forms

☐ **7. ASSURANCES**

Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1 (revised July 2000).

☐ **8. CERTIFICATIONS**

Use the "Certifications" forms, which can be found in PHS 5161-1 (revised July 2000). See Part II of the RFA for instructions.

☐ **9. DISCLOSURE OF LOBBYING ACTIVITIES** (See form in PHS 5161-1.)

Appropriated funds, other than for normal and recognized executive/legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grassroots" lobbying, which consists of appeals to members of the public suggesting they contact their elected representatives to indicate their support for or opposition to pending legislation, or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA, General Policies and Procedures, for additional details for all SAMHSA applications.)

☐ **10. CHECKLIST** (found in the PHS 5161)

You must complete the Checklist. See Appendix C in Part II of the GFA for detailed instructions.

Project Narrative

Sections A through G

Sections A through F are the Project Narrative of your application. These sections describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through F. Sections A through F may not be longer than **25** pages. All applicants must respond to Sections A through F.

Section G is to be answered only by those applicants applying for funding for a national consumer self-help technical assistance center.. Please limit your answer to Section G to an additional seven pages. Sections A through G may not be longer than 32 pages.

- **Your application will be reviewed and scored against the requirements described below for sections A through F. These sections also function as review criteria.**
- A peer review committee will assign a point value to your application, based on how well you address **each** of these sections.
- The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- **Applicants applying for funding for a consumer self-help technical assistance center must answer Section G. That Section and the points assigned to it will be used to determine which one of the three consumer self-help technical assistance center applicants approved for a grant also will be facilitating the Alternatives**

Conference. The number of points an applicant is given for Section G will not be added to the points given to them for Sections A through F.

- Bullet statements do not have points assigned to them; they are provided to draw attention to important areas within the criteria.
- Reviewers also will be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the RFA, Appendix D.

Section A: Expertise and Understanding of the Project (20 points)

- Describe how consumers and consumer supporters have been involved in the activities of your organization.
- Describe the types and amount of technical assistance services your organization currently provides to consumer and consumer supporters, stakeholders of the mental health system, including faith- and community-based organizations (representing diverse racial, ethnic, and cultural groups), and mental health providers.
- Describe the demographics of the population for whom you are currently providing technical assistance (i.e., which States, cultural background, gender, age, etc.).
- Describe your organization's history and experience in providing leadership in the field of self-help/self-management for people with a serious mental illness.

- Describe your organization's experience in producing and disseminating self-help/self-management materials to multiple stakeholder groups.

- Describe your organization's experience in organizing, planning, and conducting small working meetings.

Section B: Materials Development, Dissemination, and Repository Activities (15 points)

- Briefly describe existing materials your Center will disseminate.

- List and briefly describe materials you will develop, describe your plan for disseminating these materials, and identify the target audience for each product.

- Describe the technological systems you would use to serve as a repository and procedures for stakeholders to access these materials in a timely manner.

- Describe how existing materials and materials to be developed address the SAMHSA priorities shown in Appendix C.

Section C: Provision of Consultation and Training (20 points)

- Describe your plans for providing consultation, training, and technical assistance to the stakeholders.

- Describe your plans for developing training curricula.

- Describe your plans for developing and using web site and other web technology to disseminate materials and information.

Section D: Stakeholder Engagement (15 points)

- Describe the process you will use to solicit input from stakeholders regarding the development and dissemination of materials and other technical assistance services and activities.

- Describe the process you will use to identify and reach culturally diverse (e.g., African Americans, Hispanics/Latinos, Asian & Pacific Islanders, American Indians, and Alaska Natives) for input into your Center's activities.

- Identify issues that you feel will be important topics of discussion for the field. Describe which issue is most important for each stakeholder group and how you will engage the stakeholders in such discussions.

Section E: Organizational Capabilities and Project Management Plan (20 points)

- Describe the organizational structure you will use to manage the Center, including how resources will be allocated and prioritized.

- Describe the resources available and the capabilities of your organization for synthesizing, summarizing and producing documents that are visually appealing, using maps and graphics, as appropriate.

- Describe your plan to make relevant stakeholders aware of your TA Center and the activities, services, and materials available.

- Describe the resources available and the capabilities of your organization for developing and operating a web site and using other Internet telecommunications technology.

- Describe the resources available and the capabilities of your organization for promoting, participating in, and convening discussions among stakeholders about topics of importance.

- Describe your plans for organizing the TA Center, including staffing plans that reflect the

expertise needed and consultants who supplement the staff.

- Identify staff members of your organization who are members of racial, ethnic, or cultural minority groups. Identify staff members who are fluent in languages other than English and indicate the languages they can read, write, speak, and understand in conversation.
- Describe the process and system you will use to ensure and track requests for products and technical assistance services and activities.

Section F: Evaluation Plan Methodology (10 points)

- Identify the independent evaluator who will assess customer satisfaction. Briefly describe his/her experience in conducting similar evaluations. In Section I, include a biographical sketch and a letter of commitment from the evaluator describing the role he/she will play in evaluating the TAC.
- Describe how the evaluator will assess customer satisfaction.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Section G is to be answered only by applicants applying for funding for the national consumer self-help technical assistance centers. Applicants applying for funding for a national consumer self-help technical assistance center **also must** apply for facilitating the Alternatives Conference and provide answers to Section G.

Please limit your response to Section G to seven pages.

Section G: Plan for the Alternatives Conference (25 points)

- Describe your organization's experience in organizing, planning, and conducting very large conferences and meetings. Please include specific numbers of participants at these events.
- Describe your experience with certified meeting planners and how you would choose such an individual or organization.
- Describe how you would develop the theme for the Conference.
- Describe the process for selecting the steering committee.
- Describe the process for planning the conference and selecting the location and the hotel.
- Identify issues you feel should be important topics for the next Alternatives Conference.
- Describe the resources available and the capabilities of your organization for planning, organizing, and implementing the Conference.
- Describe the procedure for rating workshops.
- Describe the role of the State Consumer Co-host.

SAMHSA's Participant Protection Requirements

Part II of the PA/RFA provides a description of SAMHSA's Participant Protection Requirements

and the Protection of Human Subjects Regulations.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II of the RFA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reasons that the element(s) does (do) not apply.

This information will:

1. Reveal if the protection of participants is adequate or if more protection is needed.
2. Be considered when making funding decisions.

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

- Identify and report any possible risks for participants in your project.
- State how you plan to protect participants from those risks.
- Discuss how each type of risk will be dealt with or why it does not apply to the project.

Each of the following elements must be discussed:

① Protection of Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.

- Discuss risks that are due either to participation in the project itself or to the evaluation activities.

- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

- Give plans to provide help if there are adverse effects on participants.

- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you decide not to use these other beneficial treatments, provide the reasons for not using them.

② Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background, and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, or those who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

③ Absence of Coercion

- State whether participation in the project is voluntary or required. Identify possible reasons why it is required, such as court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives, even if they do not complete the study.

④ Data Collection

- Identify from whom you will collect data.
Examples include participants themselves, family members, teachers, and others.
Describe the data collection procedure, and specify the sources for obtaining data.
Examples include school records, interviews, psychological assessments, questionnaires, observations, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what types of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation, or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in Appendix 4, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols you plan to use.

⑤ Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.

- Who will or will not have access to information.
- How the identity of participants will be kept private, such as using a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

⑥ Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social, or other risks, you **must** get written, informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they

understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 5, titled “Sample Consent Forms.” If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

⑦ Risk/Benefit Discussion

Discuss why the risks are reasonable, compared to the expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA’s policies and special considerations requirements related to this program are found in **Part II** of the RFA/PA.

- Population Inclusion Requirement
- Government Performance and Results Act
- Consumer Bill of Rights and Responsibilities
- Promotion of the Nonuse of Tobacco

- Supplantation of Existing Funds
- Letter of Intent
- Intergovernmental Review (E.O. 12372)
- Coordination with Other Federal/Nonfederal Programs
- Confidentiality/SAMHSA Participant and Human Subjects Protections

APPENDIX A: CERTIFICATE OF ELIGIBILITY FOR NATIONAL CONSUMER AND CONSUMER SUPPORTER SELF-HELP TECHNICAL ASSISTANCE CENTERS APPLICANTS

An authorized representative of the applicant organization (whose signature appears on page one of the face page of the application PHS form 5161) must complete and sign this Certification. **Appendix 1** of the application must include this Certificate and all supporting documentation specified within it. Any application that does not include a completed, signed copy of this Certificate, or does not include necessary supportive documentation, will be deemed ineligible and will not be reviewed. Any application that does not meet all eligibility requirements will be deemed ineligible and will not be reviewed.

1. All applicant organizations must meet the criteria of consumer or consumer supporter organizations.

A) Applicants for the **National Consumer Self-Help TACs** must certify and attest the following:

I certify that:

- ◆ The applicant is an organization that is controlled and managed by consumers and dedicated to the improvement of mental health services.
- ◆ The applicant organization has a board of directors comprised of more than 50 per cent consumers.
- ◆ The consumers on the board of directors are individuals 18 years of age or older with severe mental illness.
- ◆ The consumer board of directors has been in operation for more than one year.

B) Applicants for the **National Consumer-Supporter Self-Help TACs** must certify and attest to the following:

I certify that:

- ◆ The applicant is an organization that is controlled and managed by consumer supporters and dedicated to the improvement of mental health services.
- ◆ The applicant organization has a board of directors comprised of more than 50 per cent consumer supporters.
- ◆ The consumer supporters on the board of directors are individuals involved with the support of a consumer (age 18 or older), including parents, siblings, spouses, and significant others, friends, co-workers, and neighbors who provide support in a non-professional capacity.
- ◆ The consumer supporter board of directors has been in operation for more than one year.

C. All applicants for National Consumer and Consumer Supporter Self-Help Technical Assistance Centers must certify and attest that:

- ◆ The applicant organization has been in operation as a legal entity for a minimum of one year.

- ◆ Key personnel from the applicant organization and those being proposed for support of this cooperative have been employed by the organization for at least one year at a minimum of 70% of their time.
- ◆ The United States Federal Government Internal Revenue Service (I.R.S.) has issued the application organization tax exempt status or similar documentation of such status dated prior to January 2003 and a copy is included in this application.
- ◆ The applicant organization will take an active role in the fiscal management and oversight of the project, and will be legally, fiscally, administratively, and programmatically responsible for the cooperative and has not submitted a “pass through,” “umbrella,” or “cover letter” application.

This form must be signed and dated below by an authorized representative of the applicant organization certifying that the aforementioned statements are accurate.

Type or print name and title

Signature of Applicant certifying validity of
all information contained in this document

Date of Signature

APPENDIX B: REQUIREMENTS FOR PLANNING CSP-SUPPORTED NATIONAL CONSUMER CONFERENCES

Since 1985, the Center for Mental Health Services' (CMHS) Community Support Program (CSP) has supported national conferences for primary consumers (also referred to as ex-patients or survivors) of mental health services. The purpose of this issuance is to facilitate the planning of these conferences by clarifying CMHS and CSP policies and defining the roles and responsibilities of grantees organizing the event, the Government Project Officer (GPO), the Conference Advisory Committee, and other CMHS staff involved in planning these conferences.

Purpose of Conference

The purpose of this conference is to provide a forum for consumers from across the Nation to meet, exchange information and ideas, and provide and receive technical assistance on a variety of topics of interest, such as peer support, consumer-operated services, self-help, protection and advocacy issues, empowerment, and recovery. The conference also transfers knowledge on best practices in mental health and support services. The information and knowledge gained through attending this conference enables consumers to advocate for effective individual treatments and services, as well as for broader managed care and service system improvements.

Participants

The conference is open to all individuals who have had or are currently experiencing a mental health disorder. It also is open to others at the discretion of the Advisory Committee.

Grantee Organizing Conference

The grantee organization responsible for overseeing the conference will select a site that is accessible and affordable and, to the extent possible, different from previous sites for national conferences. The grantee also will be responsible for the logistics of the conference, including moderating the Conference Advisory Committee meetings and teleconference calls; developing and disseminating materials; handling publicity; and arranging for lodging, meals, registration, meeting rooms, emergency procedures, transportation, and the conference evaluation. Within 3 months of the conference, the grantee is responsible for submitting a final report on the conference that details the expenditures, summarizes the evaluations, and provides recommendations for future national consumer conferences.

Government Project Officer (GPO)

The GPO will approve the individual(s) who have a major role in coordinating the conference and will review and provide guidance on the composition of the Conference Advisory Committee, the proposed budget expenditures for the conference, policies regarding scholarships, and logistical plans. Furthermore, the location, agenda, and specific conference brochure providing presenters and workshop descriptions must be approved by the GPO prior to finalizing and sending to the field. The GPO will participate in Conference Advisory Committee meetings and teleconferences. The GPO also will provide technical assistance, as requested.

Advisory Committee and Planning Process

The conference will be planned by a committee formed approximately 1 year prior (as funding permits) to the actual conference. The members will include duly appointed representatives of the national consumer organizations, Federal CMHS CSP staff (Grant Project Officer), CMHS Consumer Affairs liaison staff, and the Directors or designees of the CSP-funded Consumer Technical Assistance Centers. The Committee will reflect gender, ethnic/minority representation, and, to the extent possible, geographic distribution and involvement of individuals who have not participated on previous Conference Advisory Committees.

The Committee will devise a process for gathering information from consumers throughout the Nation on topics of interest for the agenda and speakers. Final decisions regarding the agenda will be made by the Advisory Committee. However, the workshop areas selected should represent a variety of viewpoints and mainly include workshops run by and for consumers.

The Advisory Committee is responsible for designing the programmatic aspects of the conference, including the theme and logo. Only members of the Committee may vote on decisions regarding the agenda and speakers for the conference. The Advisory Committee should meet physically once and handle continuing business through telephone conference calls, mailings, and computer e-mail.

Involvement of National Consumer Organizations

The conference agenda and official workshops may not be used to further the development of national consumer organizations or for other purely parochial interests. However, individuals from the various national consumer organizations may use the times before and after the conference, free times scheduled on the agenda, and evenings to conduct activities related to promoting or planning for their respective organizations. Of course, national consumer organizations and other organizations may sponsor substantive workshops.

Information related to the business activities of individuals or national organizations must be kept separate from the conference agenda and sent out in separate mailings.

Appendix C

SAMHSA Priorities: Programs and Principles Matrix									
	Cross-Cutting Principles								
	Data and evidence-based outcomes	Collaboration with public and private partners	Recovery/ Reducing stigma & barriers to services	Cultural competency/Eliminating disparities	Community and faith-based approaches	Trauma and Violence (e.g. physical and sexual abuse)	Financing strategies and cost-effectiveness	Rural and other specific settings	Workforce development
	Programs/Issues								
	Co-occurring disorders								
	Substance abuse treatment capacity								
	Seclusion and restraint								
	Prevention and early intervention								
	Children and families								
	New Freedom Initiative (including President's mental health commission)								
	Terrorism/bio-terrorism								
Homelessness									
Aging									
HIV/AIDS & Hepatitis C									
Criminal justice									

APPENDIX D

GUIDELINES FOR ASSESSING CONSUMER AND FAMILY PARTICIPATION

Applicants should have experience or a track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities, as described below:

- **Program Mission:** An organization's mission should reflect the value of involving consumers and family members, in order to improve outcomes.
- **Program Planning:** Consumers and family members are involved in substantial numbers in the conceptualization of initiatives, including identifying community needs, goals, and objectives and innovative approaches. This involves participation in grant application development, including budget submissions. Approaches also should incorporate peer support methods.
- **Training and Staffing:** The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are consumers or family members of consumers. Such staff should be paid commensurate with their work and in parity with other staff.
- **Informed Consent:** Recipients of project services should be fully informed of the benefits and risks of services and allowed to make a voluntary decision, without threats or coercion, to receive or reject services at any time.
- **Rights Protection:** Consumers and family members must be fully informed of all their rights, including those designated by the President's Healthcare Consumer Bill of Rights and Responsibilities: Respect and Non Discrimination.
- **Program Administration, Governance, and Policy Determination:** Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees, and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities, including child care.
- **Program Evaluation:** Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. Consumers and family members should be involved in submission of all journal articles. Evaluation and research should include consumer satisfaction and dissatisfaction measures.